

Amy P. Lally (SBN 198555)  
alally@sidley.com  
Ellyce R. Cooper (SBN 204453)  
ecooper@sidley.com  
SIDLEY AUSTIN LLP  
1999 Avenue of the Stars, 17th Floor  
Los Angeles, CA 90067  
Telephone: +1 310 595-9500  
Facsimile: +1 310 595-9501

Mark Rosenbaum (SBN 59940)  
mrosenbaum@publiccounsel.org  
Judy London (SBN 149431)  
jlondon@publiccounsel.org  
Talia Inlender (SBN 253796)  
tinlender@publiccounsel.org  
Alisa Hartz (SBN 285141)  
ahartz@publiccounsel.org  
Lucero Chavez (SBN 273531)  
lchavez@publiccounsel.org  
PUBLIC COUNSEL  
610 S. Ardmore Avenue  
Los Angeles, CA 90005  
Telephone: +1 213 385-2977  
Facsimile: +1 213 385-9089

*Attorneys for Plaintiffs*  
*Additional Counsel on next page*

**UNITED STATES DISTRICT COURT**  
**CENTRAL DISTRICT OF CALIFORNIA**

MS. J.P., MS. J.O., AND MS. R.M., on  
behalf of themselves and all others  
similarly situated,

Plaintiffs,

v.

JEFFERSON B. SESSIONS III,  
ATTORNEY GENERAL OF THE  
UNITED STATES; KIRSTJEN  
NIELSEN, SECRETARY OF  
HOMELAND SECURITY; U.S.  
DEPARTMENT OF HOMELAND  
SECURITY, AND ITS SUBORDINATE  
ENTITIES; U.S. IMMIGRATION AND  
CUSTOMS ENFORCEMENT; U.S.

Case No. 2:18-cv-06081-JAK-SK

**SUPPLEMENTAL DECLARATION  
OF KENNETH BERRICK IN  
RESPONSE TO INMATE HEALTH  
SLIP LODGED BY DEFENDANTS**

Complaint Filed: July 12, 2018

Hearing Date: n/a

Judge: Hon. John A. Kronstadt

1 CUSTOMS AND BORDER  
2 PROTECTION; ALEX M. AZAR II,  
3 SECRETARY OF HEALTH AND  
4 HUMAN SERVICES; U.S.  
5 DEPARTMENT OF HEALTH AND  
6 HUMAN SERVICES; SCOTT LLOYD,  
7 DIRECTOR OF THE OFFICE OF  
8 REFUGEE RESETTLEMENT; OFFICE  
9 OF REFUGEE RESETTLEMENT;  
10 DAVID MARIN, LOS ANGELES FIELD  
11 OFFICE DIRECTOR, U.S.  
12 IMMIGRATION AND CUSTOMS  
ENFORCEMENT; LISA VON  
NORDHEIM, WARDEN, JAMES A.  
MUSICK FACILITY; MARC J. MOORE,  
SEATTLE FIELD OFFICE DIRECTOR,  
U.S. IMMIGRATION AND CUSTOMS  
ENFORCEMENT; LOWELL CLARK,  
WARDEN, TACOMA NORTHWEST  
DETENTION CENTER,

Defendants.

13 Carter G. Phillips\*  
14 cphillips@sidley.com  
15 Jennifer J. Clark\*  
16 jennifer.clark@sidley.com  
17 SIDLEY AUSTIN LLP  
18 1501 K Street, N.W.  
19 Washington, D.C. 20005  
Telephone: +1 202 736-8000  
Facsimile: +1 202 736-8711

Mark E. Haddad (SBN 205945)  
markhadd@usc.edu  
Part-time Lecturer in Law  
USC Gould School of Law\*\*  
University of Southern California  
699 Exposition Blvd.  
Los Angeles, CA 90089  
Telephone: +1 213 675-5957

1 Michael Andolina\*  
2 mandolina@sidley.com  
3 Timothy Payne\*  
4 tpayne@sidley.com  
5 Kevin Fee\*  
6 kfee@sidley.com  
7 SIDLEY AUSTIN LLP  
8 One South Dearborn  
Chicago, IL 60603  
Telephone: +1 312 853-7000  
Facsimile: +1 312 853-7036

Luis Cortes Romero (SBN 310852)  
lcortes@ia-lc.com  
Alma L. David (SBN 257676)  
adavid@ia-lc.com  
IMMIGRANT ADVOCACY &  
LITIGATION CENTER, PLLC  
19309 68th Avenue South, Suite R-102  
Kent, WA 98032  
Telephone: +1 253 872-4730  
Facsimile: +1 253 237-1591

9 Sean A. Commons (SBN 217603)  
10 scommons@sidley.com  
11 Bridget S. Johnsen (SBN 210778)  
12 bjohnsen@sidley.com  
13 SIDLEY AUSTIN LLP  
14 555 West Fifth Street  
15 Los Angeles, CA 90013  
Telephone: +1 213 896-6000  
Facsimile: +1 213 896-6600

16 \*Admitted pro hac vice

17 \*\* Institution listed for identification purposes only  
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**SUPPLEMENTAL DECLARATION OF KENNETH BERRICK IN**  
**RESPONSE TO INMATE HEALTH SLIP**

**Preliminary Statements**

1. I, Kenneth Berrick, have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation. My professional background, experience, and publications are detailed in my curriculum vitae, which was previously submitted in connection with my previous declaration in this matter, signed on July 8, 2018. Docket 1-2.

2. In preparing this declaration, I have relied on my years of experience in this field, as set out in my curriculum vitae, and on the materials listed therein. The materials I have relied upon in preparing this declaration are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject.

3. I am not being compensated for the time devoted to providing expert advice or preparing declarations. The opinions I express, or testimony I provide, do not depend on any compensation.

4. If our further testimony would be of benefit to the court, I would be available by telephone or in person to participate in the hearing on this matter.

**Provision of Mental Health Services to Address Trauma of Familial Separation**

5. As described in my previous Declaration dated August 21, 2018 (Docket 119-4), it is my expert opinion that the current assessment process utilized by the government is not a clinically adequate or appropriate method for identifying (much less treating) the mental health needs of parents who have been separated from their children and detained in federal facilities. I have reviewed the additional document, the Inmate Health Slip, that the Government first introduced at the September 20, 2018 argument before the Court. This screening form is even more clinically inadequate and inappropriate than the Psychological Services Inmate Questionnaire (PSIQ) addressed in my previous Declaration. While the PSIQ was an insufficient

1 specific screening tool that did not adequately address trauma, the Inmate Health Slip  
2 is not a screening tool at all. Instead, it appears it is merely a form that allows  
3 incarcerated individuals themselves to request medical, dental, or “mental health” care  
4 (for a fee). It makes no mention of trauma generally, or family separation specifically.  
5 It has none of the features of an effective screening tool that I outlined in my prior  
6 Declaration. Like the PSIQ, the Inmate Health Slip relies on an incarcerated  
7 individual’s “self-report” rather than a trained clinician interview or observation,  
8 which is ineffective. The Inmate Health Slip also requires the incarcerated individual  
9 to self-identify as having mental health needs, rather than allowing a trained  
10 professional to make that determination, and it calls on the individuals to make  
11 clinical conclusions about their own mental health needs, rather than asking questions  
12 that screen for mental health services needs.

13 6. There is no indication about when, how, how often, or to whom the  
14 Inmate Health Slip is provided, all of which are key to understanding how it fits into  
15 the Government’s mental health program. However, my understanding is that the  
16 Plaintiffs in this case never received this form. For example, the declaration of Lucero  
17 Chavez notes that Plaintiff J.P., who was detained at the facility where the Inmate  
18 Health Slip was purportedly used, did not receive any mental health screening form.  
19 Docket 119-2, ¶ 5. Moreover, even if she received the Inmate Health Slip, J.P. does  
20 not speak either of the two languages (English and Spanish) in which the form is  
21 apparently offered, so would not have understood it even if she received it.

22 7. As previously noted, after an appropriate screening for trauma inflicted  
23 by family separation, there are a variety of trauma-informed psychotherapy treatment  
24 modalities that should be employed to address trauma caused by familial separation.  
25 For individual therapy, these include Cognitive Behavioral Therapy and Exposure  
26 Therapy. Where the assessment determines that family therapy would be beneficial,  
27 then psychotherapeutic treatment modalities like the following should be employed:  
28 Multidimensional Family Therapy, Functional Family Therapy, Combined Parent-

1 Child Cognitive-Behavioral Therapy. Studies demonstrate that successful treatment of  
2 trauma using these modalities can often be completed within 12-16 weeks of  
3 consistent and culturally-appropriate treatment by an experienced licensed mental  
4 health professional.

5 8. There are existing networks of providers with national scope that could  
6 be activated quickly if necessary, and relied on to provide trauma-informed mental  
7 health services that separated families need. The National Council for Behavioral  
8 Health and the Alliance for Strong Families and Communities, for example, are  
9 nationwide networks of providers that could be accessed, if appropriate, to provide  
10 necessary treatment to all the class members in this case. The Government itself  
11 already provides post-relief contact and services in other contexts, and has its own  
12 public list of providers across the country with which it already contracts that can be  
13 used to identify agencies that can provide screening, assessment, and mental health  
14 services to reunified families. This list is divided by states and counties on the Office  
15 of Refugee Resettlement's webpage at [https://www.acf.hhs.gov/orr/state-programs-](https://www.acf.hhs.gov/orr/state-programs-annual-overview)  
16 [annual-overview](https://www.acf.hhs.gov/orr/state-programs-annual-overview). My organization, Seneca Family of Agencies, is willing and able to  
17 contact existing regional and national networks of mental health providers to facilitate  
18 coordination screening, assessment, and provision of mental health services to  
19 identified members of the Plaintiff class.

20 9. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under  
21 the laws of the United States of America that the foregoing is true and correct.

22 Executed on October 18, 2018.

23 By:

24  
25 

26  
27 Kenneth Berrick  
28

1 I, Kenneth Berrick, declare as follows:

2 1. I make this declaration based on my own personal knowledge, and if  
3 called as a witness, I could and would testify to the following matters.  
4

5  
6 I declare under penalty of perjury under the laws of the United States that the  
7 foregoing is true and correct.

8 Executed at Oakland, California on October 18, 2018.

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12 Kenneth Berrick  
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